

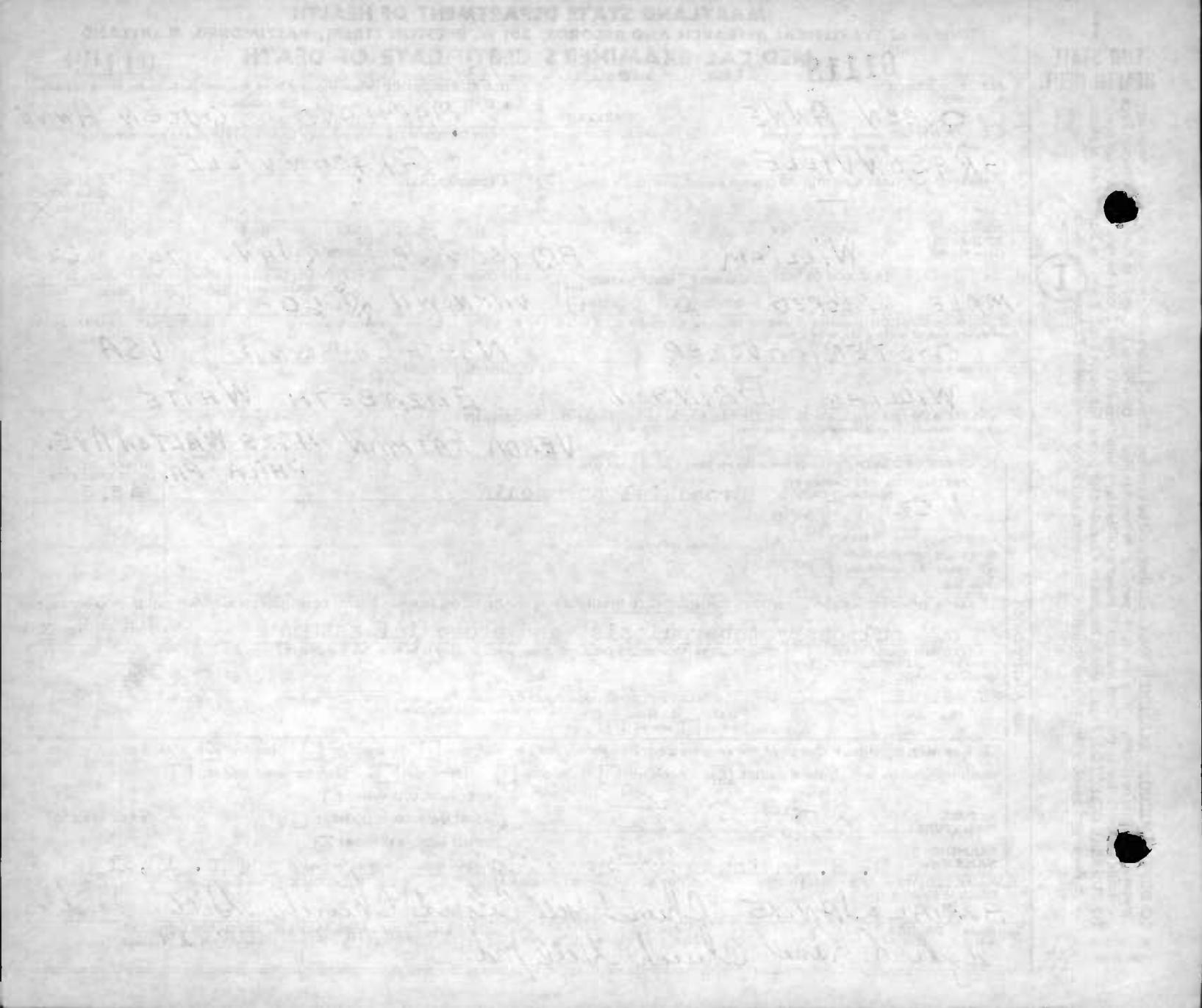
1
FOR STATE
HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please enter the date and hour when "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by your files.
 TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

01118 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 011109

1. PLACE OF DEATH a. COUNTY		Item 7 film Q307		2. USUAL RESIDENCE (Where deceased lived, if institution, Residence before admission)	
Queen Anne		MARYLAND		b. STATE MARYLAND b. COUNTY QUEEN ANNE	
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) GRASONVILLE		c. LENGTH OF STAY IN lb		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X GRASONVILLE	
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)				d. STREET ADDRESS	
e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print)		First William	Middle	Last BRINSON Jr.	Month JAN. Day 10 Year 1962
4. DATE OF DEATH					
5. SEX MALE		6. COLOR OR RACE COLORED	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH UNKNOWN	AGE (in years last birthday) APR 60 yrs. IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OYSTER SHUCKER		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) NORTH CAROLINA USA	
13. FATHER'S NAME William BRINSON		14. MOTHER'S MAIDEN NAME ELIZABETH WHITE		12. CITIZEN OF WHAT COUNTRY? Address	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT VERDA EATMAN 4925 WALTON AVE. PHILA PA.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH 48 hrs			
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		Bronchial pneumonia			
491 X DUE TO					
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b)					
DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)					
old pulmonary tuberculosis and bronchial asthma					
20a. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) l02.2			
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m.		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)	
19					
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input checked="" type="checkbox"/> and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>					
ACTUAL SIGNATURE EXAMINER'S NAME (Type)		CHIEF MEDICAL EXAMINER <input type="checkbox"/> C. R. Layton M.D.			
		ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>			
DATE SIGNED Jan. 12, 62					
22a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL JAN. 15		22b. DATE THEREOF C. R. Layton, Contriville Rd.		22c. NAME OF CEMETERY OR CREMATORIAL ADDRESS (Street, city, town, or county) Church Hill Colored Church Hill Md.	
23. FUNERAL DIRECTOR Edgar S. Lane Church Hill, Md.		ADDRESS		24a. REGD BY REGISTRAR JAN 10 1962 24b. REGISTRAR'S SIGNATURE Edgar S. Lane	
VS. A15ME SM 7/59				DATE	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01119

CERTIFICATE OF DEATH

Reg. Dist. No. 011110

1. PLACE OF DEATH a. COUNTY Queen Anne's		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland		b. COUNTY Queen Anne's		
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Church Hill		c. LENGTH OF STAY IN 1b life		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Church Hill				
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print)		First Cora Anthony	Middle 	Last Butler	4. DATE OF DEATH Jan. 20 1862	Month Jan.	Day 20	Year 1862
5. SEX Female	6. COLOR OR RACE C	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED	8. DATE OF BIRTH Feb. 14, 1890	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 	IF UNDER 24 HRS. Hours 	IF UNDER 24 HRS. Days 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Domestic		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME John Anthony		14. MOTHER'S MAIDEN NAME Emma Thomas						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 218-03-0390		17. INFORMANT Mary Griffin		Address Queenstown, Md.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]						INTERVAL BETWEEN ONSET AND DEATH 12 Hrs.		
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 422 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) Cerebral Thrombosis (c) Arteriosclerotic cardiovascular disease								
DUE TO								
DUE TO								
DUE TO								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 1b.)						
20c. TIME OF INJURY Month, Day, Year Hour a. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) M.D.		20f. (City or town) (County) (State)		
21. I certify that I attended the deceased from 7/20 , 19 59 , to 1/20 , 19 62 , that I last saw the deceased alive on 1/20 , 19 62 , and that death occurred at 6 AM , from the causes and on the date stated above.								
ADDRESS (Street, city or town, state) 104 S. Liberty St. Jan. 22, 1962								
DATE SIGNED 104 S. Liberty St. Jan. 22, 1962								
ACTUAL SIGNATURE 		C. Rodney Layton, M.D.						
PHYSICIAN'S NAME (Type) C. Rodney Layton								
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 1/25/1962		22c. NAME OF CEMETERY OR CREMATORIUM Church Hill		22d. LOCATION (City, town, or county) Church Hill, Md.		
23. FUNERAL DIRECTOR'S SIGNATURE 		ADDRESS Cambridge, Md.		24a. REC'D BY REGISTRAR JAN 30 '62		24b. REGISTRAR'S SIGNATURE Arthur S. Thomas		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shall be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 & 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

01120

CERTIFICATE OF DEATH

01111

1. PLACE OF DEATH a. COUNTY Queen Anne		MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE N. J.		b. COUNTY					
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Crumpton		c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pleasantville		d. STREET ADDRESS					
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) Davis Nursing Home						e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
3. NAME OF DECEASED (Type or print) Samuel		First W.	Middle .	Last Curlott	4. DATE OF DEATH January 25, 1962	Month January	Day 25	Year 1962			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/>	8. DATE OF BIRTH July 30, 1878	9. AGE (In years last birthday) 83 yrs.	IF UNDER 1 YEAR Months 83	IF UNDER 24 HRS. Days 0	Hours 0	Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Glass Blower		10b. KIND OF BUSINESS OR INDUSTRY Glass Factory		11. BIRTHPLACE (County & State, or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY? U.S.A.					
13. FATHER'S NAME William Curlott				14. MOTHER'S MAIDEN NAME Clara Hall							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input type="checkbox"/> (If yes give rank or date of service) Subj		16. SOCIAL SECURITY NO. 157-10-2786		17. INFORMANT Earl Price,		Address Barclay, Md.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) 422.2		DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH Qute Cardiac Deterioration					
		(b) Chronic myocarditis		DUE TO Chronic bronchitis							
		(c) Liver									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)											
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (If either, NOTIFY MEDICAL EXAMINER) No		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Injury				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
20c. TIME OF INJURY Month, Day, Year Hour a.m. p.m. 1962		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/> at work		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Sudlersville		20f. (City or town) Sudlersville		(County) Frederick		(State) Md.	
21. I certify that (I) (this hospital) attended the deceased from April 1, 1961 , to Jan 25, 1962 , that (I) (we) last saw the deceased alive on Jan 22, 1962 and that death occurred at 8:30 A.M. from the causes and on the date stated above.											
22a. SIGNATURE R. Fellows		M.D.		ATTENDING PHYS. <input checked="" type="checkbox"/> MED. DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/>		22b. DATE SIGNED 4/26/62					
22c. PHYSICIAN'S NAME (Type) Burial				22d. ADDRESS Sudlersville Cemetery		23d. LOCATION (City, town or county) Sudlersville		(State) Md.			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF Jan. 28, 1962		23c. NAME OF CEMETERY OR CREMATORIAL Sudlersville Cemetery		25a. REC'D BY REGISTRAR Arthur S. Krause		25b. REGISTRAR'S SIGNATURE Arthur S. Krause			
24. FUNERAL DIRECTOR'S SIGNATURE Edward Fellows, Millington, Md.		ADDRESS 94		DATE JAN 29 '62							

OS11

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01121

CERTIFICATE OF DEATH

Reg. Dist. No. 011112

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be referred to by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death. Page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the funeral director.

1. PLACE OF DEATH a. COUNTY Queen Anne		MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland		b. COUNTY Queen Anne			
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Crumpton		c. LENGTH OF STAY IN lb		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Crumpton		d. STREET ADDRESS 1			
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION				d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print)		First Charles	Middle R.	Last Davis	4. DATE OF DEATH	Month January	Day 19	Year 1962	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 13-1895	9. AGE (In years last birthday) 67 yrs.	IF UNDER 1 YEAR Months 0	IF UNDER 24 HRS. Days 0	Hours 0	Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA			
13. FATHER'S NAME William James Davis				14. MOTHER'S MAIDEN NAME Mary Seney				Address Mrs. Charles Walls--Crumpton	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]									
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion									
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause (b). DUE TO 420.1									
DUE TO Fractured arterioles									
DUE TO Chronic myocarditis									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Coronary sclerosis									
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) fd							
20c. TIME OF INJURY Month, Doy, Year Hour o. m. p. m. 70		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)		20f. (City or town) (County) (State)			
21. I certify that I attended the deceased from Dec. 21, 1961 , to Jan. 19, 1962 that I last saw the deceased alive on Jan. 17, 1962 , and that death occurred at 5:30 A.M. from the causes and on the date stated above.									
ACTUAL SIGNATURE C. H. Metcalfe, M.D.									
PHYSICIAN'S NAME (Type) C. H. Metcalfe									
22a. BURIAL, CREMATION, REMOVALS, ETC. Burial		22b. DATE THEREOF Jan. 21		22c. NAME OF CEMETERY OR CREMATORIUM Church Hill		22d. LOCATION (City, town, or county) (State) Church Hill, Maryland			
23. FUNERAL DIRECTOR'S SIGNATURE Edgar L. Lane									
ADDRESS Church Hill, Md.									
24a. REC'D BY REGISTRAR JAN 25 '62									
24b. REGISTRAR'S SIGNATURE Charles S. Krause									

CERTIFICATE OF OWNERSHIP

1938



MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

01122

01113

1. PLACE OF DEATH a. COUNTY Queen Ann		MARYLAND		2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. STATE Maryland		b. COUNTY Caroline		
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Rural Sudlersville		c. LENGTH OF STAY IN 1b 3 Months		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Maryland				
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) None				d. STREET ADDRESS None		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) William		First	Middle	Last	4. DATE OF DEATH	Month	Day	Year
5. SEX Male		6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> b. DATE OF BIRTH WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> 1-1-1884	9. AGE (In years last birthday) 78 yrs.		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (County & State, or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME William Faulkner		14. MOTHER'S MAIDEN NAME Elizabeth Ware						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Robert McGinnis Sudlersville, Md.		Address		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 422.1		DUE TO Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. None		DUE TO (b)		INTERVAL BETWEEN ONSET AND DEATH		
				DUE TO (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)								
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 2				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20c. TIME OF INJURY Hour a.m. p.m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/> 7		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 7		20f. (City or town) (County) (State)		
21. I certify that (I) (this hospital) attended the deceased from Jan 30 1962 to Jan 30 1962 that (I) (we) last saw the deceased alive on Jan 30 1962 , and that death occurred at 11:30P.M. from the causes and on the date stated above.								
22a. SIGNATURE C. Wolfsteller		ATTENDING PHYS. <input checked="" type="checkbox"/> M.D. <input type="checkbox"/> DIRECTOR <input type="checkbox"/> STAFF PHYS. <input type="checkbox"/> 22d. ADDRESS Sudlersville		22b. DATE SIGNED 2/2/62				
22c. PHYSICIAN'S NAME (Type) Burial								
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE THEREOF 2-3-62		23c. NAME OF CEMETERY OR CREMATORIAL Templeville		23d. LOCATION (City, town or county) (State) Templeville, Maryland		
24. FUNERAL DIRECTOR'S SIGNATURE J. E. Boulaire Greensboro, Md.		ADDRESS		25a. REC'D BY REGISTRAR FEB 5 '62		25b. REGISTRAR'S SIGNATURE Arthur S. Koenig		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled out, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers, pages 1 and 2, should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

VR A15 (4)
 15M 9/60

5010

M

MR. DOUG

silhouettes

background

silhouettes

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Part 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completed in the funeral director, page 3 should be detached for use as the burial-transit permit. Then, please remove carbon paper; pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

01123

CERTIFICATE OF DEATH

Item 9 Film G305 1/26/62 ink

01114

1. PLACE OF DEATH

a. COUNTY

Queen Anne

MARYLAND

b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)

RURAL Centreville

c. LENGTH OF STAY IN lb

Life

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)

3. NAME OF
DECEASED
(Type or print)

First
Addie

Middle

Last
Hawkins

4. DATE
OF
DEATH

Month
JAN
Day
16
Year
1962

5. SEX

Female Negro

6. COLOR OR RACE

7. MARRIED NEVER MARRIED
WIDOWED DIVORCED

8. DATE OF BIRTH

1891
Dec 17 1891

9. AGE (in years
and day)

70 yrs.
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10b. KIND OF BUSINESS OR INDUSTRY

Housewife

11. BIRTHPLACE (County & State, or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

AY MAR Groce

14. MOTHER'S MARRIED NAME

MARY F. SPARKS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give rank or grade of service)

No

16. SOCIAL SECURITY NO.

— — —

17. INFORMANT

Louis Hawkins - Centreville, Md.

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)

260 X

DUE TO

Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last.

(b)

DUE TO

(c)

Diabetic Coma

Uncontrolled Diabetes

INTERVAL BETWEEN
ONSET AND DEATH

3 day

years

19. WAS AUTOPSY PERFORMED?
YES NO

MEDICAL CERTIFICATION

20a. ACCIDENT WAS UNDERLYING

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)

20c. TIME OF INJURY Month, Day, Year
Hour a.m. 19

20d. INJURY OCCURRED
While Not While
at work at work

20e. PLACE OF INJURY (Home, farm,
factory, street, office bldg., etc.)

20f. (City or town)

(County)

(State)

21. I certify that (I) (this hospital) attended the deceased from Jan 15, 1962 to Jan 16, 1962, that (I) (we) last saw the deceased alive on Jan 15, 1962, and that death occurred at 2 PM, from the causes and on the date stated above.

22a. SIGNATURE

C. R. Layton

M.D.

ATTENDING
PHYS.

MED.
DIRECTOR

STAFF
PHYS.

22b. DATE
SIGNED
1-19-62

22c. PHYSICIAN'S
NAME (Type)

C. R. Layton

22d. ADDRESS

Centreville, Md.

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial 1/20/62

23b. DATE THEREOF

Chesterfield Cem.

23d. LOCATION (City, town or county)

Centreville, Md.

(State)

24. FUNERAL DIRECTOR'S SIGNATURE

General Casket Co. - EASTON, Md.

ADDRESS

— — —

25a. REC'D BY REGISTRAR

DATE JAN 24 '62

25b. REGISTRAR'S SIGNATURE

Arthur S. Kraus

— 1 —

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

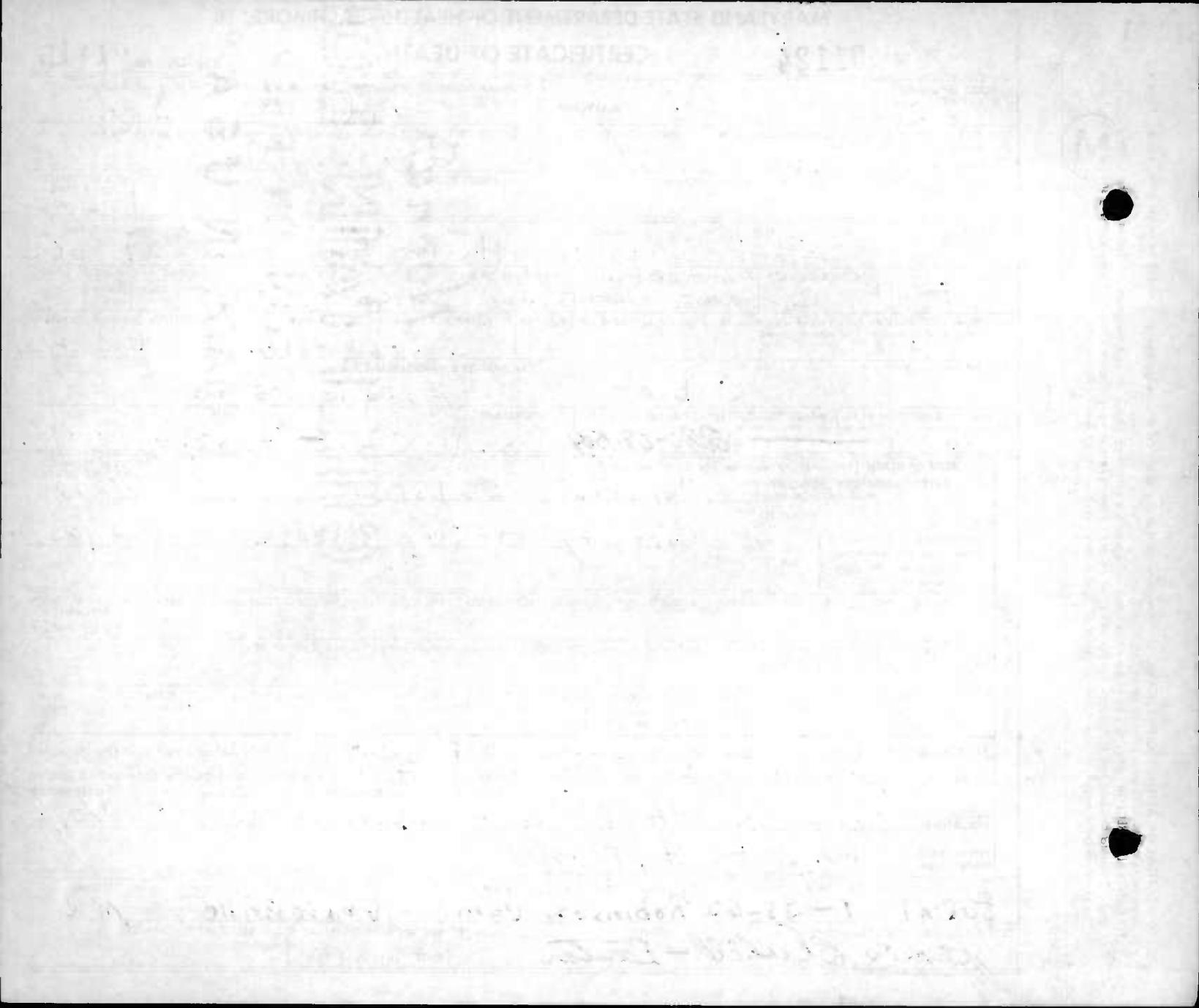
01124

CERTIFICATE OF DEATH

Reg. Dist. No. 011115

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4
 may be retained by the hospital or attending physician.
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, it should be filed with page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE	
Queen Anne's MARYLAND		Md.	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	b. COUNTY Q. A.	
Grasonville	26 yr		
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS		
		e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		First Ethel	Middle Subier
		Last Hunter	4. DATE OF DEATH
			Month Jan Day 21 Year 1962
5. SEX F	6. COLOR OR RACE C	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 1906
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HW		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 55 yrs.
			10. IF UNDER 1 YEAR Months Days Hours Min.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Subier		Estelle Pue	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 280-09-504	INFORMANT John Hunter - Grasonville, Md.
		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)		INTERVAL BETWEEN ONSET AND DEATH 48 hrs.	
420.1 Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. (b) DUE TO		Cerebral Embolism	
(c) DUE TO		Coronary Artery Disease 5 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased from June 19, 1962, to Jan 20, 1962, that I last saw the deceased alive on Jan 20, 1962, and that death occurred at 11 AM, from the causes and on the date stated above.			
ACTUAL SIGNATURE		ADDRESS (Street, city or town, state) Dearborn, Md.	
PHYSICIAN'S NAME (Type)		DATE SIGNED 1/21/62	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF 1-25-62	
		22c. NAME OF CEMETERY OR CREMATORIAL Robinson Cem	
		22d. LOCATION (City, town, or county) (State) Grasonville, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS James B. Dahlill - Easton	
		24a. REC'D BY REGISTRAR DATE JAN 24 '62	
		24b. REGISTRAR'S SIGNATURE C. L. & T. CO.	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

01125

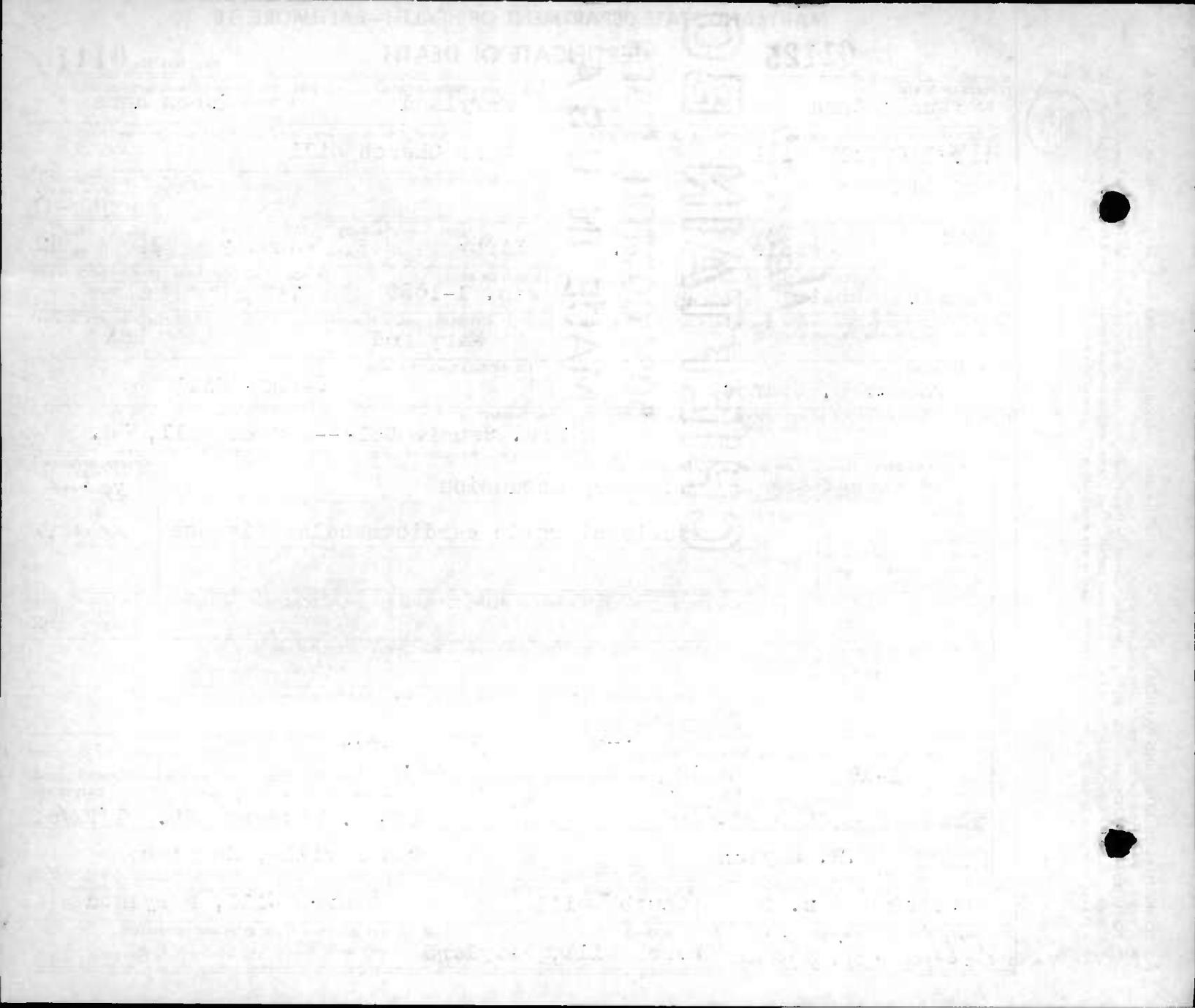
CERTIFICATE OF DEATH

Reg. Dist. No. 01116

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4
may be retained by the hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

1. PLACE OF DEATH a. COUNTY Queen Anne		MARYLAND		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Maryland		b. COUNTY Queen Anne	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Church Hill		c. LENGTH OF STAY IN 1b		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Near Church Hill		d. STREET ADDRESS	
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION							
3. NAME OF DECEASED (Type or print) Bessie		First	Middle o.	Last Kirby	4. DATE OF DEATH Month January	Year 1962	e. IS RESIDENCE ON A FARM YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jan. 1-1888		9. AGE (In years last birthday) yrs. 74	10. IF UNDER 1 YEAR Months 0	11. IF UNDER 24 HRS. Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Thomas B. Chance		14. MOTHER'S MAIDEN NAME Jennie Dill					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		INFORMANT Mrs. Jennie Cole--Church Hill, Md.		Address	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420.1		Coronary Occlusion				INTERVAL BETWEEN ONSET AND DEATH 30 min	
Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. (b) (c)		DUE TO Atherosclerotic cardiovascular disease				years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (c)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Month, Day, Year Hour o. m. p. m. 19		20d. INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>		20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) 9-9 59 1-18		20f. (City or town) (County) (State)	
21. I certify that I attended the deceased from _____, 19_____, to _____, 19_____, that I last saw the deceased alive on _____, 19_____, and that death occurred at _____, 19_____. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE C.R. Layton						DATE SIGNED 104 S. Liberty St. 1/22/62	
PHYSICIAN'S NAME (Type) C.R. Layton						Centreville, Maryland	
22a. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Jan. 22		22c. NAME OF CEMETERY OR CREMATORIAL Church Hill		22d. LOCATION (City, town, or county) Church Hill, Maryland (State)	
23. FUNERAL DIRECTOR'S SIGNATURE Edgar L. Lane		ADDRESS Church Hill, Maryland		24a. REC'D BY REGISTRAR DATE JAN 24 '62		24b. REGISTRAR'S SIGNATURE Curry S. Diana	



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FOR STATE
HEALTH DEPT.

M

Please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained by your files.
TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

MARYLAND STATE DEPARTMENT OF HEALTH
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

01126 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01117

1. PLACE OF DEATH a. COUNTY Queen Anne		MARYLAND		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE Maryland		b. COUNTY Queen Anne		
b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) Price		c. LENGTH OF STAY IN lb		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) X Price		d. STREET ADDRESS I		
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)				e. IS RESIDENCE ON A FARM? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				
3. NAME OF DECEASED (Type or print) Edward Vernon Richardson		First	Middle	Last	4. DATE OF DEATH ABOUT JAN. 16 1962	Month	Day	Year
5. SEX Male		6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 19-1905	9. AGE (in years last birthday) 56 yrs.	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Joseph Richardson		14. MOTHER'S MAIDEN NAME Clara Sheubrooks		Address				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input type="checkbox"/> (If yes give rank or date of service)		16. SOCIAL SECURITY NO. 179-07-0494		17. INFORMANT Anthony Richardson--Price, Md.				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 420 J		INTERVAL BETWEEN ONSET AND DEATH —				
		DUE TO —						
		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. {		(b)				
		DUE TO —		(c)				
		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(e) Know Heavy Drinker				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20s. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Body Found 10-14 day post death						
20c. TIME OF INJURY Hour e.m. p.m.		Month, Day, Year 19	20d. INJURY OCCURRED While at work <input type="checkbox"/> Not While at work <input type="checkbox"/>	20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	20f. (City or town) Sudlersville	(County)	(State)	
21. I certify that I took charge of the remains described above, held an Autopsy <input type="checkbox"/> Inspection <input checked="" type="checkbox"/> Inquiry <input type="checkbox"/> and in my opinion death resulted from: Natural causes <input checked="" type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Undetermined manner <input type="checkbox"/>								
ACTUAL SIGNATURE C. R. Layton		CHIEF MEDICAL EXAMINER <input type="checkbox"/>		M.D. ASSISTANT MEDICAL EXAMINER <input type="checkbox"/>		DATE SIGNED Feb 3, 1962		
EXAMINER'S NAME (Type) C. R. Layton		DEPUTY MEDICAL EXAMINER <input checked="" type="checkbox"/>		Address (Street, city, town, or county) Sudlersville, Md.				
22e. BURIAL, CREMATION, REMOVAL (Specify) Burial		22b. DATE THEREOF Feb. 4	22c. NAME OF CEMETERY OR CREMATORIAL Sudlersville	22d. LOCATION (City, town, or country) Sudlersville, Md.		(State)		
23. FUNERAL DIRECTOR Edgar L. Lane		ADDRESS Church Hill, Md.		24e. REC'D BY REGISTRAR FEB 6 '62	24b. REGISTRAR'S SIGNATURE Arthur S. Kline			
VS. A15ME 5M 7/59								

TO:

TENDING PHYSICIAN: The law requires that the death
retained by the hospital or

24 hours after

the physician

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

01127

CERTIFICATE OF DEATH

01118

1. PLACE OF DEATH

a. COUNTY

QUEEN ANNE'S

MARYLAND

b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)

CENTREVILLE

c. LENGTH OF STAY IN 1b

50 yrs.

d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address)

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

e. STATE

b. COUNTY

MARYLAND

QUEEN ANNE'S

c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)

X CENTREVILLE

d. STREET ADDRESS

403 Chesterfield Ave.

e. IS RESIDENCE
ON A FARM?YES NO 3. NAME OF
DECEASED
(Type or print)

First

Middle

Last

4. DATE
OF
DEATH

JAN. 6

Month

Day

Year

5. SEX

Male

6. COLOR OR RACE

White

7. MARRIED

 NEVER MARRIED

8. DATE OF BIRTH

October 31, 1887

9. AGE (In years
last birthday)

74

IF UNDER 1 YEAR

Months

Dey

Hours

Min.

10e. USUAL OCCUPATION (Give kind of work
done during most of working life, even if retired)

MERCHANT

10b. KIND OF BUSINESS OR INDUSTRY

HABERDASHERY

11. BIRTHPLACE (County & State, or foreign country)

QUEEN ANNE'S, MARYLAND

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

DAVIS A. RYLAND

14. MOTHER'S MAIDEN NAME

MARGARET SHEETS

Address

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes give rank or date of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

220-32-0306 Mrs. Howard W. Ryland, CENTREVILLE, Md.

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a)

420-1 DUE TO

Conditions, if any, which
give rise to immediate cause
(a), stating the underlying
cause last.

(b)

DUE TO

(c)

Coronary Thrombosis

Arterosclerotic Cardiovasculars years

Cocarboxylized Arterosclerosis

INTERVAL BETWEEN
ONSET AND DEATH

15 min

MEDICAL CERTIFICATION

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY
PERFORMED?YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
(IF EITHER, NOTIFY MEDICAL EXAMINER)

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Month, Day, Year
Hour a.m.
p.m. 1920d. INJURY OCCURRED
While Not While
at work at work 20e. PLACE OF INJURY (Home, farm,
factory, street, office bldg., etc.)

20f. (City or town)

(County)

(State)

21. I certify that (I) (this hospital) attended the deceased from Jan. 1, 1957 to Jan. 6, 1962 that (I) (we) last saw the deceased alive on Jan. 4, 1962 and that death occurred at 5 A.M. from the causes and on the date stated above.

22a. SIGNATURE

C. R. Dayton

M.D.

ATTENDING
PHYS.MED.
DIRECTOR STAFF
PHYS. 22b. DATE
SIGNED
1-8-6222c. PHYSICIAN'S
NAME (Type)

C. R. Dayton

22d. ADDRESS

Centreville Md

23a. BURIAL, CREMATION,
REMOVAL (Specify)
Burial

23b. DATE THEREOF

JAN 8, 1962

23c. NAME OF CEMETERY OR CREMATORI

Crumpton Cemetery

23d. LOCATION (City, town or county)

Crumpton, Maryland

(State)

24. FUNERAL DIRECTOR'S SIGNATURE

James W. Butts Jr. Butts Bus. Centreville, Md.

ADDRESS

25a. REC'D BY REGISTRAR

JAN 10 '62

25b. REGISTRAR'S SIGNATURE

Orville S. Price

DATE

DIRECTOR: After this certificate has been signed by the attending physician and completed, it should be detached for use as the burial-transit permit. Then please remove carbon papers, as 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death.

R A15 (4)
5M 9/60

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